



Uniform Medical Plan

Your health. Your plan. Your choice.

Volume 7, Issue 1

Provider Bulletin

February 2005

Please circulate the *UMP Provider Bulletin* to the appropriate clinical, billing, and bookkeeping staff.

Uniform Medical Plan Web site: www.ump.wa.gov

UMP Web Site Has Updated Information for Providers

Did you know that UMP's Web site has a dedicated section for providers where you can access most of UMP's fee schedules (including the updates for 2005), plus other reimbursement information? You can also download certificates of coverage, billing manuals, and the UMP Preferred Drug List. Enhancements to the online provider directory and UMP's secure provider portal are described on pages 2 and 3 of this newsletter. Check it out!

Uniform Medical Plan 2005 Certificate of Coverage Enclosed

A copy of the *UMP 2005 Certificate of Coverage (COC)* is enclosed for your reference. This document has important information on UMP benefits and how UMP reimbursement works; all UMP subscribers receive a copy of this annual publication. Please read it and keep it as a reference.

Revised Provider Contracts Coming Soon

Watch for new provider contracts, which we will start distributing soon. These replace several versions of UMP Network Provider Agreements currently in use, which in many cases include outdated language. The new forms will help us standardize our professional provider contracts, and include some changes that have been suggested by provider feedback. This version is much easier to read, too. When you receive your updated contract, please review and return it promptly

per the instructions. If you have any questions, please contact Provider Services toll-free at 1-800-292-8092 or locally at 206-521-2023.

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Prescription Drug Issues

Faxing Prescriptions to Express Scripts

UMP's pharmacy benefit manager, Express Scripts, Inc. (ESI), cannot accept prescriptions faxed directly by the patient. ESI requires that prescriptions be faxed on a physician's or clinic's letterhead. If not, it is ESI policy to call the doctor to validate the prescription. This can delay processing and delivery of the prescription to the patient.

Health Insurance Portability and Accountability Act (HIPAA) regulations also require three identifying

pieces of information on each prescription to accurately identify the patient prior to dispensing a prescription. Prescriptions faxed to ESI must include any three of these patient identifiers: patient name, UMP I.D. number, date of birth, home address, or home phone number.

Mail-Order and Class Two Drugs

The ESI mail-order pharmacy is located in Arizona and is subject to Arizona state law, which requires that all Class Two (C-II) prescriptions be filled within 60 days of the date written. However, Arizona state law does allow a 90-day supply for a prescription for this type of drug. Therefore, it is more efficient to write the prescription for a 90-day supply, rather than three 30-day prescriptions with instructions to fill once each month. And since each fill by mail-order is charged a separate copay, this will also save patients money.

Enhanced Online Provider Directory

Recent enhancements to the UMP online provider directory help UMP enrollees find network providers more effectively. We now indicate whether a provider is board certified and if they are not accepting new patients. Users can now search for providers within a specified travel distance from their home or office, with links to driving directions and maps by MapQuest. Check your listing on the UMP Web site at www.umpdirectory.net/index.html.

If you notice that the information listed for you on our Web site is not accurate, you may contact us via e-mail at umpprovider@hca.wa.gov to send updates. Or, you may call Provider Services at 1-800-292-8092.

UMP Provider E-mail Mailing List Service

We encourage you to subscribe to UMP's electronic mailing list. When UMP makes major benefit or policy changes, updates payment systems, or revises billing manuals, you will receive e-mail notification. It's easy to sign up by visiting the following Web address: listserv.wa.gov/archives/ump-providers.html

UMP *Provider Bulletins* and revised pages to our billing manuals will continue to be mailed to you on a periodic basis. However, by joining our electronic mailing list, you will be notified as soon as updates are posted to the UMP Web site, so you will have the quickest possible access to the most current information.

How To Reach Us

UMP Web site www.ump.hca.wa.gov

Secure services through OneHealthPort
www.onehealthport.com

Claims Processing and Preauthorizations **1-800-464-0967**
or 425-686-1246
Fax 425-670-3199

- Claims and benefits information
- Customer service and general billing questions
- Medical review and prenotification/preauthorization
- Enrollee eligibility information
- Status of submitted claim
- Verify provider's network status

Automated Enrollee Eligibility Information **1-800-335-1062**

Have subscriber I.D. number available, and select #2 for PEBB subscriber information

Provider Credentialing and Contracting Issues **1-800-292-8092**
or 206-521-2023
Fax 206-521-2001

- Billing manuals and payment policies
- Change of provider status
- Fee schedules
- Network provider contract information
- New provider enrollment
- Policies and procedures
- *Provider Bulletin* feedback
- Request a printed preferred drug list

Beech Street Preferred Network* **1-800-432-1776**
www.beechstreet.com

For network providers outside of Washington and the Idaho counties of Bonner, Kootenai, Latah, and Nez Perce

** Note: The Beech Street network does not apply to Medicare-primary enrollees*

Alternare Health Services, Inc. **1-800-500-0997**
or 206-405-2923
www.alternare.com

Preferred network information for licensed massage practitioners, naturopathic physicians, and licensed acupuncturists

Express Scripts, Inc. **1-800-763-5502**
www.express-scripts.com

To fax prescriptions: 1-800-396-2171

Prescription drugs, preferred drug list, claims questions, drug coverage review, and preauthorization

Free & Clear **1-800-292-2336**
www.freeandclear.com

Tobacco cessation program information

Enhancements to OneHealthPort

Providers who use OneHealthPort for secure online access to benefits and claims information for their UMP patients will soon see improvements to this service. Beginning in late January, providers will be able to view more detailed and timely information, including:

- **Deductible status inquiry:** Find out whether the patient has met his or her annual medical/surgical deductible.
- **Coordination of benefits:** Check to see if another insurance carrier, including Medicare, is primary for a patient.
- **Procedure codes:** New screens display procedure or revenue codes using the same verbiage shown on detail of remittance forms (DORs), making them easier to read.
- **Claims status:** New message codes let providers know if a claim is in process, if more information is needed, or if the claim has been finalized. Previously, providers were only able to find out if a claim had been finalized. As always, you can send a secure e-mail about a claim that you have questions about without having to retype any of the information.
- **Electronic Funds Transfer (EFT) registration:** UMP is considering adding EFT capability through OneHealthPort. If you're interested in this service, let us know by submitting your contact information through UMP's provider portal (Click on "Electronic Funds Transfer.")

If you would like more information about this free secure service for online health care information, visit www.onehealthport.com or UMP's provider portal located at www.ump.hca.wa.gov/provider.

Provider Survey Is Out

UMP is currently conducting a mail-in survey of a sample of network providers. Our goal is to get providers' feedback on how we are doing with respect to provider relations, utilization management, claims processing, and payment policies. We also want to gauge providers' knowledge of and interest in UMP initiatives such as administrative simplification, the Therapeutic Interchange Program (T.I.P.), and new or proposed online services offered through OneHealthPort.

To ensure confidentiality, the survey is being issued on UMP's behalf by The Myers Group, a private data and research services firm. Surveys will be accepted

through late February. If you receive a survey, please complete it and mail it in the return envelope. Your input will be invaluable in helping us set our priorities for improvement in the coming year! Changes we made as a result of our 2002 survey include improving how our claims processing department handles the bundling of certain CPT codes, and streamlining our provider appeals process. These improvements resulted in a significant decrease in provider complaints in those areas. Survey results will be shared with the Governor's office and other state-level decision makers, as well as with our network providers in an upcoming *Provider Bulletin* and on UMP's Web site.

UMP Reminders

Please Verify Provider Information Used by Clearinghouses!

It is very important to notify UMP Credentialing staff promptly when you have updates to your provider information (including changes with provider names, business addresses, and tax identification changes). They can be reached at 206-521-2023 (Seattle area) or 1-800-292-8092. In addition, please promptly update all applicable fields on claim forms when your provider information changes. This includes following through with all billing entities and clearinghouses that you use to assure all claims being submitted to UMP on your behalf contain the most up-to-date provider information. Claims submitted by clearinghouses with old information cause processing delays.

Prescribing Provider Information Required on Claims for Physical, Occupational, Speech, and Massage Therapy

To be covered by UMP, physical, occupational, speech, and massage therapy must be part of a formal written treatment plan developed in consultation with the clinician who diagnosed the condition and prescribed therapy. The prescribing provider's complete name and credentials must be included in box 17 of the CMS-1500 claim form. Claims missing this information could result in a claims processing delay or denial of payment. UMP no longer requires a written treatment plan be submitted with each claim. However, be sure to have one on file as it may be periodically requested to validate the appropriateness and medical necessity for the services billed to the UMP.

Standard CMS Claim Forms Required

UMP Billing and Administrative Manuals instruct providers to use the applicable CMS-1500 form or CMS-

1450 (UB92) form when billing the UMP. Periodically, however, we still receive charges on provider-customized billing forms/statements. These nonstandard forms are problematic as they do not always include all of the necessary claims information. Nonstandard forms are burdensome to process and generally result in delayed payments. Additionally, they are not compliant with the Health Insurance Portability and Accountability Act (HIPAA) standards. UMP no longer accepts nonstandard billing forms.

Changes to UMP PPO and UMP Neighborhood for 2005

Changes to Provider Network in Oregon

Effective January 1, 2005, UMP will contract with the Beech Street provider network for services provided to our enrollees in Oregon. The UMP contract with the Providence Preferred network in Oregon expired December 31, 2004. For the transition year 2005, services by Beech Street providers in Oregon will be reimbursed at 90 percent (100 percent for preventive care). For all other providers in Oregon, services will be reimbursed at 80 percent of the UMP allowed charge. In this instance, the enrollee will be responsible for the 20 percent coinsurance, plus any difference between the UMP allowed charge and the provider's billed charge.

UMP has been contracting with Beech Street in other parts of the country for a few years now, and we anticipate that this will help streamline administration and claims processing.

Changes to the Preventive Care Benefit

- Colonoscopies for enrollees age 50 and older will be covered under the preventive care benefit, regardless of diagnosis.
- Fluoride for prevention of dental caries in preschool children is covered in full if their primary water source lacks fluoride.
- For adults (ages 19 and older) with an established diagnosis of hypertension or hyperlipidemia, UMP covers fasting blood glucose testing every 1-3 years.
- For college students in dormitories, meningococcal vaccine is covered.

Changes to Preauthorization Requirements

The following service no longer requires preauthorization:

- Obstetric services by limited-license providers (such as midwives and naturopathic physicians), or in a birthing center.

The following services require preauthorization effective January 1, 2005:

- Massage therapy exceeding one hour per treatment.
- Injectable drugs that are designated as a "specialty drug" on the UMP Preferred Drug List that are not normally considered self-injectable.

Modification of Preauthorization Requirements

- Home health care—Length of treatment is expected to last more than three weeks (was formerly 14 consecutive days).

Changes to the UMP Preferred Drug List (UMP PDL)

The following tables show changes to the UMP PDL effective January 1, 2005. Table 1 lists those drugs that will be **removed from** UMP's PDL (Tier 2) and will be covered at a higher out-of-pocket cost (Tier 3) in 2005. Brand-name drugs **being added to** the UMP PDL will cost less beginning in 2005 (see Table 2).

Table 1. Brand-Name Drugs Losing Preferred Status		
Effective January 1, 2005		
Drug name	Enrollee cost-share tier	Possible alternatives*
MAXALT, MAXALT MLT	Tier 3	AMERGE, AXERT, IMITREX, ZOMIG
CILOXAN	Tier 3	ciprofloxacin ophthalmic solution
CIPRO	Tier 3	ciprofloxacin oral tablets
CRESTOR	Tier 3	lovastatin, LIPITOR, PRAVACHOL
DIFLUCAN	Tier 3	ketconazole
SYNTHROID	Tier 3	levothyroxine, LEVOXYL
UNITHROID	Tier 3	levothyroxine, LEVOXYL

* Drug names in ALL CAPS under Possible alternatives (above) are Tier 2; drug names in lowercase are Tier 1.

Table 2. Drugs Added to the UMP Preferred Drug List

Drug name*	Enrollee cost-share tier effective January 1, 2005
AMERGE	Tier 2
AXERT	Tier 2
IMITREX, IMITREX NS, IMITREX INJ	Tier 2
ZOMIG, ZOMIG ZMT, ZOMIG NS	Tier 2
ciprofloxacin ophthalmic solution	Tier 1
ciprofloxacin oral tablets	Tier 1
ketoconazole	Tier 1
levothyroxine	Tier 1
LEVOXYL	Tier 2

* Drugs in CAPITAL letters are brand-name drugs.
Drugs in lowercase are generic drugs.

Miscellaneous Changes

- UMP has adopted the Stanford definition of medical necessity; see *Medically Necessary Services, Supplies, or Interventions* in the “Definitions” section of the *UMP 2005 Certificate of Coverage*.
- For chemical dependency treatment, the maximum benefit per 24 consecutive calendar months has increased to \$12,500.

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Coding and Payment System Updates

The UMP has implemented the 2005 Current Procedural Terminology (CPT) codes and Healthcare Common Procedure Coding System (HCPCS) level II codes. The new codes are valid for dates of service on or after January 1, 2005. Codes deleted in the 2005 CPT or HCPCS publications are not valid for dates of service after December 31, 2004. The UMP payment systems and fee schedules posted on our Web site at www.ump.hca.wa.gov have been updated with the UMP maximum allowance information for the new codes.

UMP Inpatient Hospital Reimbursement System Update

The UMP completed the rebasing of the inpatient hospital reimbursement system, incorporating version 21.0 of the All Patient Diagnosis Related Grouper (AP-DRG). Changes implemented through the rebasing project went into effect January 1, 2005. The updated AP-DRG weights are available on the UMP Web site.

UMP Professional Provider Fee Schedule for Drugs and Biologicals Information

The *UMP Professional Provider Fee Schedule for Drugs and Biologicals* that is currently used for payment of drugs and biologicals administered in the practitioner’s office is based on Medicare’s previous average wholesale price methodology and rates, with some modifications.

The UMP began accepting the new 2005 CPT and HCPCS drug and administration codes for payment consideration with dates of service on or after January 1, 2005. The UMP allowed amounts for the new administration codes are based on the CMS 2005 relative value units.

UMP is presently in the process of evaluating Medicare’s rates, methodology and policy changes for payment of the CPT and HCPCS drugs and biologicals procedure codes. Based on our assessment of the Medicare changes, we intend to update the rates on the *UMP Professional Provider Fee Schedule for Drugs and Biologicals* for dates of service on or after March 1, 2005.

The *UMP Professional Provider Fee Schedule for Drugs and Biologicals* is available on the UMP Web site at www.ump.hca.wa.gov and will continue to be updated when rates, methodologies, or payment policies are revised.

UMP Professional Provider Fee Schedule: Additional Bundled Procedure Codes

New 2005 CPT and HCPCS level II procedure codes that are considered bundled services or supplies on the *UMP Professional Provider Fee Schedule* are identified in the following table. (As payment for these services are considered included in the reimbursement of other procedures/ services, they are not separately payable by UMP.)

Code	Brief Description**
97605	Neg press wound tx, < 50 CM
97606	Neg press wound tx, > 50 CM
A4349	Disposable male external cat
G0369	Pharmacy supply fee
G0370	Pharmacy supply fee
G0371	Pharm disp fee for inhalation drug(s)
G0374	Pharm disp fee for inhalation drug(s)
G9021*	Chemo assess nausea vomit L1
G9022*	Chemo assess nausea vomit L2
G9023*	Chemo assess nausea vomit L3
G9024*	Chemo assess nausea vomit L4
G9025*	Chemo assessment pain L1
G9026*	Chemo assessment pain L2
G9027*	Chemo assessment pain L3
G9028*	Chemo assessment pain L4
G9029*	Chemo assess for fatigue L1
G9030*	Chemo assess for fatigue L2
G9031*	Chemo assess for fatigue L3
G9032*	Chemo assess for fatigue L4
S0257	End of life counseling

* The new 2005 HCPCS codes created for the Medicare demonstration project are covered by UMP only in coordination of benefits situations, where Medicare is the primary payer and has covered the code. In all other situations, these codes are not separately payable by UMP.

** Please refer to the 2005 CPT and HCPCS publications for complete code descriptions.

Allowed Amounts for Covered E&M Services Provided During Preventive Care Visits

Under the current UMP payment policy, separate payment is allowed for a medical evaluation & management (E&M) service when an abnormality is encountered or a preexisting problem is addressed during a preventive care visit. In these situations, the problem/ abnormality must be significant enough to require additional work to perform the key components of a problem-oriented E&M service and the E&M code must be reported with modifier 25. In all other circumstances, UMP considers E&M services to be included in the fee for the preventive medicine E&M service code.

The UMP allowed amounts for covered medical E&M services provided during a preventive care visit have been updated for dates of service on or after January 1, 2005. The updated rates that follow were calculated using the 2004 CMS relative value units (work component only), statewide Geographic Practice Cost Indices (GPCI) for Washington State, and UMP's current RBRVS conversion factor of \$48.59.

UMP Allowed Amount for Covered E&M Service Provided During a Preventive Care Visit			
(Effective 1/1/05)			
CPT Code	Modifier	Brief description**	UMP allowed amount
99201	25	Office/outpatient visit, new	\$21.91
99202	25	Office/outpatient visit, new	\$42.84
99203	25	Office/outpatient visit, new	\$65.24
99204	25	Office/outpatient	\$97.37
99205	25	Office/outpatient visit, new	\$129.99
99211	25	Office/outpatient visit, est	\$8.28
99212	25	Office/outpatient	\$21.91
99213	25	Office/outpatient visit, est	\$32.62
99214	25	Office/outpatient visit, est	\$53.56
99215	25	Office/outpatient visit, est	\$86.18

The preventive care medicine codes (CPT 99381 – 99397) are reimbursed according to the *UMP Professional Provider Fee Schedule*, which is available on the UMP Web site.

UMP Telemedicine Policy - Additional Services Eligible for Coverage

On January 1, 2005, the UMP expanded its telemedicine policy to include coverage for the following additional services provided through telemedicine:

- ESRD services (HCPCS codes G0308–G0309, G0311–G0312, G0314–G0315, and G0317–G0318)
- Speech therapy and audiologist services (CPT codes 92541-92548, 92551-92588, and 92597)

For additional details on UMP's telemedicine policy and billing requirements, please see the UMP Web site.

To obtain this document in another format,
call our Americans with Disabilities Act (ADA) Coordinator at 360-923-2805.

TTY users (deaf, hard of hearing, or speech impaired), call 360-923-2701 or toll-free 1-888-923-5622.